

Transformation plan – Better, Best, Brilliant – progress report

1. TRUST-WIDE TRANSFORMATION

- 1.1. As our journey from Better to Best and onto Brilliant continues, we have moved from an improvement phase into transformation. The aim of this is not just to enhance the patient experience across all our services, but to ensure the future sustainability of the hospital, providing the best of care for our community.
- 1.2. Under this umbrella, we have produced a number of aligned strategies covering our clinical vision, quality, workforce and finance, which will all be supported by an estates strategy and other enabling programmes of work.
- 1.3. This is a big step forward for the Trust. Not only do we have a clear focus on the kind of hospital our community needs, and how we can achieve this within a defined timeframe, but it is also aligned with the Long Term Plan for the NHS in England.
- 1.4. We are enhancing the capability of our staff to lead improvement projects through a structured programme of ‘white belt’, ‘yellow belt’ and ‘green belt’ training.
- 1.5. Our transformation is all focused on improving the experience for patients, and much of this has looked at ways of working differently to support timely discharge and in turn improve flow through the hospital, including reducing the time people wait to be seen in the Emergency Department, for example through streaming on arrival.
- 1.6. We have recently agreed a Provider Collaborative arrangement with Medway Community Healthcare, which will see us working in a truly joined-up way, for example with an integrated discharge team which will, for the first time, mean all partners working to one direction.
- 1.7. This is the first step; we are in discussion with other providers about collaborative working, as we begin to lay the foundations for new models of working in the future.

Programmes of work

- 1.8. Emergency department – we have reviewed our processes in the Emergency Department to increase the number of patients who are seen and treated, admitted or discharged within four-hours. We now stream patients at the ‘front door’ so that an increased number of people who do not need to be seen in ED are referred to MedOCC.
- 1.9. Outpatients – A review of outpatient services is underway in conjunction with our colleagues at Medway CCG with the aim of transforming these services so that patients can be seen in the right place without unnecessary delays. The first service to be reviewed is rheumatology, and we have already undertaken strategic workshops to

map patient pathways and review service specifications. The next step is a workshop with rheumatology patients to understand what is important to them in their care.

- 1.10. Dermatology – Last year we notified Medway CCG of our intention to cease providing dermatology services on site from 1 April 2019 as we believed this service would be better provided in the community, rather than in an acute hospital. The CCG has procured a new provider, DMC Healthcare, who will take over the service from 1 April. We are working closely with the CCG and DMC to safely transfer patients to the new service.
- 1.11. Frailty – In November 2018 we opened a new Acute Frailty Unit in Sapphire Ward, led by Dr Sanjay Suman, who is a specialist in elderly medicine. This ensures that some patients are admitted more quickly and are treated by appropriate specialists on hand.
- 1.12. Pharmacy – One of the areas where we have seen the best engagement from staff is in Pharmacy. Previously an area where we knew we needed to improve, the teams have embraced the challenge to transform, and come up with many improvement ideas which are being pursued, and already leading to more efficient ways of working.
- 1.13. We will continue to keep members of the HASC updated as our transformation programme progresses.

Stroke service

- 1.14. As members will be aware, the preferred option for the location of hyper acute stroke units in Kent was approved in February by the Joint Committee of CCGs.
- 1.15. As we reported before, the Trust was very disappointed not to be included in the preferred option, which identified Darent Valley, Maidstone and William Harvey hospitals as the three HASU sites.
- 1.16. However, we continue to do our best for stroke patients, and are continuing to improve services at the hospital now, with a view to transferring an excellent service when the time comes.

North Kent Pathology Service

- 1.17. As we have reported to the Committee previously, the Pathology Service provided by Medway NHS Foundation Trust merged with the one provided by Dartford and Gravesham NHS Trust at the end of 2017. The new North Kent Pathology Service (NKPS) is provided from a laboratory at Darent Valley Hospital (DVH). The merged blood science testing went live in June 2018.
- 1.18. During late summer 2018 a number of incidents occurred within the NKPS laboratories processes which led to blood samples not being processed in time, resulting in the need to repeat tests on more than 3,000 patients.
- 1.19. The plan that was put into place with all patients and their clinicians being informed of the error has almost been completed. All affected patients were contacted and the majority retested.

- 1.20. Processes at the DVH laboratory have been modified to prevent reoccurrence and detailed preventative actions have been put in place following recommendations from the external accreditation body. Governance structures have been bolstered by the introduction of a new cross organisational assurance board to assist the recovery of the NKPS.
- 1.21. The issues have been reported as serious Incidents and are undergoing formal investigation by both the Trust and systems partners. In addition the processes followed to review the effects of the incidents have been shared with national regulators.
- 1.22. Our Board remains committed to ensuring that the best possible pathology service be provided for our patients and continue to work in partnership to deliver a joint service.

2. AMBULANCE HANDOVERS

- 2.1. In the past Medway has been the best performing Emergency Department in the region for ambulance handover.
- 2.2. However, like other trusts, we have experienced an increase in the time taken for ambulances to handover to staff in ED since Christmas. Contributory elements include seasonal pressures and an increase in patient acuity, the number of patients requiring hospital admission and extended length of stay, exacerbated at times by staff sickness.
- 2.3. We are working closely with the ambulance service, SECAmb to ensure vehicles are returned to service as quickly as possible and to return to our previous excellent performance.

3. FINANCE

- 3.1. The Trust has a long-standing financial challenge, and a large deficit. Our control total agreed with our regulators for 2018/19 was £46.8million, and although we expect to reach a year end position of £52.1million, our reduction in the deficit compared to last year is significant.
- 3.2. This year we had a target to achieve savings of £21million this year, which we expect to deliver.
- 3.3. We continue to work closely with our health and social care partners in the Medway health economy to achieve our constitutional performance targets and to return the Medway health system to financial balance within three years.

4. WORKFORCE AND VACANCIES

- 4.1. The Trust continues to build a recruitment pipeline in order to ensure that we have the right number of staff, in the right roles to deliver brilliant care to our patients.
- 4.2. We have a targeted recruitment campaign to attract local and international nurses.
- 4.3. The Trust's recruitment campaigns, including national, local and international have delivered 290 candidates to date.
- 4.4. Trust turnover has increased slightly at 12.90 per cent (+0.60 per cent), while sickness absence has reduced slightly at 4.24 per cent. However, this is still above the Trust's tolerance level of 4 per cent. Appraisal compliance has increased to 82.8 per cent, but is below Trust target of 85 per cent.
- 4.5. The percentage of pay bill spent on substantive staff in January was 81 per cent, with agency usage at six per cent. Thirteen per cent of our pay bill is spent on bank staff, which is largely made up on our own staff.
- 4.6. Total flu vaccination uptake amongst frontline workers was at 73.5 at the time of writing. We continue to encourage all staff to have the vaccination.

5. STAFF SURVEY RESULTS

- 5.1. The Trust's response rate for the national staff survey 2018 increased slightly to 40.2 per cent and reflected the opinions of just under 1,600 employees. This was against an average national response for acute Trusts of 44 per cent.
- 5.2. We can see that our results improved in some areas, are worse in some, and in some cases stayed the same.
- 5.3. Across the staff survey themes, six scores worsened (on a rating of 1-10), three remained the same and one was a new score measuring morale.
- 5.4. It's evident from the results that there are some areas with great leadership and really positive cultures, but in some areas staff clearly do not feel as supported or motivated as we would want.
- 5.5. On a theme by theme basis, the organisation scored within the range of acute providers; however, it was very close to the lower limit for morale, immediate managers, quality of care and staff engagement, and these are areas we will address as a matter of priority.
- 5.6. We are highlighting one area of the hospital, Pharmacy, as a case study of remarkable improvement.
- 5.7. This improvement is a result of several interventions including a new leadership team; high uptake of our culture programme, You Are The Difference; quality improvement

methodology, and an intensive organisational development programme. Learning from this shift will be utilised for other interventions.

- 5.8. We have already begun to implement actions to address the findings of the staff survey fieldwork period, building on the action plan implemented over the past 12 months. This includes:
- Continuing to run the You Are The Difference programme launched in September 2018 to help create, nurture and build a new culture at Medway, building on the best parts and letting go of the things that hold us back.
 - Speaking up – launching a new Freedom to Speak Up strategy, appointing a new lead guardian and seven new guardian advocates.
 - Introduced new monthly Chief Executive briefing sessions to increase visibility and access to executives.
 - Scoping phase of working with Health Education England’s Clever Together partnership for in-depth analysis and intelligence on the next steps for the staff survey.
- 5.9. It is clear we still have some way to go to better engage with our staff, and the programmes we have implemented are beginning to address this.

6. CARE QUALITY COMMISSION VISITS

- 6.1. We previously updated the Committee on the CQC’s 2018 visit, which recognised that we had maintained areas of improvement, and improved further in some areas.
- 6.2. Following the visit we implemented an action plan, addressing the ‘must do’ and ‘should do’ actions. All of the ‘must dos’ have now been completed, along with the majority of the ‘should dos’.
- 6.3. We are anticipating another visit in the spring or early summer of 2019.
- 6.4. In addition to the annual inspections, we receive quarterly engagement visits from the CQC under its new regime. We have been receiving good feedback from these sessions, the most recent of which included a visit to our maternity department.